# February 11, 2015
# Quarterly Contractor Meeting Summary

**Contractors**

Cathy Botrell, Inova
Rachel Payne, COHM
Phyllis Mann, CAHN
Michelle Scherer, VCU
Sharon Mitchell, Daily Planet
Corey Baskin, RCHD
Jeff Crook, CCS
Tanya Kearney, EVMS
Lisa Laurier, TRHD
Olivia DeHavilland, VAN
Dave Evans, Centra
Mary Ellen Bryant, Centra
Lydia Klinger, VCU
Stephen Clark, Fahass
Terrance Manning Hernandez, COHM
Taylor Thurston, Carilion
Kathy Wolford, Carilion
Julie Mahan, NVRC
Sancha Peterson, VDH
Suzanne Roberts, VDH
Matthew Bare, VCU
Erica Underwood, VCU
Tim Agar, NVRC
Frederica Arrington, VCU
Donisha Fleming, ESHD
Christine Carroll, Norfolk Part A
Stephanie Harlow, ASG
John Nagley, ARE
Brittney Jones, ARE
Tonya Pacelli, VJH
Elizabeth Warren, VJH
Jamey Scott, VJH

**Virginia Dept. of Health HIV Care Services**

Steve Bailey, Director of HIV Care Services
Safere Diawara, Quality Management Coordinator
Deborah Harris, Lead HIV Services Coordinator
Lenny Recupero, HIV Services Coordinator
Mary Browder, HIV Services Coordinator
Katrina Fontenla, HIV Services Coordinator
Jamaal Alston, HIV Services Coordinator
Sandy Peterson, VDH HIV Care Services Business Manager
Kimberly Ely, Healthcare Reimbursement Specialist
Tressa Johnson, HIV Care Services Grants Manger
Jean Cadet, HIV Care Services Analyst
Lenore Lombardi, Assistant Director - Medication Access HIV Care Services
Bruce Taylor, Planner – HIV Prevention
Carrie Rhodes, ADAP Coordinator HIV Care Services
Heather Brown, VDH - HIV Prevention

## Director's Report – Steven Bailey

- At the close of the grant year contractors are encouraged to communicate with their HIV Care Services Coordinator to make sure that at the end of the year your contracts are being spent down. This is critical for 2014, as the cost-savings from successful Affordable Care Act (ACA) enrollment has resulted in less need to spend large amounts of funding for AIDS Drug Assistance Program (ADAP) medications. If Ryan White Part B (RWPB) exceeds just 5% of the total state award, a penalty results that decreases subsequent years' funding levels. Notify

your contract monitor immediately if you are not able to spend your grant for 2014.

- RWPB is predicting a good outlook for next year, 2015, pending certain factors. Those factors will impact next year's funding, including current ACA enrollment results, receipt of an ADAP Emergency Relief Funding (ERF) award next year, and the future of ADAP rebates. Consider expanding support services and consider how to build infrastructure in your agency. You will or have already received your LOI. Most have increased budgets.

- ADAP continues to grow, serving over 7,000 people over that past year. VDH received $11 million in ADAP ERF in 2014, and has applied for a similar award for 2015.

- Nationally, ADAPs rely upon ADAP rebates from pharmaceutical companies to sustain a large portion of the program. Pharmaceutical companies have agreements for a special low ADAP negotiated prices below 340B pricing, and will be renegotiating those rebate terms with the ADAP Crisis Task Force this year. Current rebate agreements are in effect through December 2015. It is likely that rebates will decrease in the future, but VDH will keep you posted.

- **Hepatitis C treatment:** Virginia ADAP will be providing short-term assistance for Harvoni (fixed dose ledipasvir and sofosbuvir) beginning no later than April 1, 2015. Clients that are uninsured, or who are insured but whose insurance plans have denied Harvoni, will be eligible for this assistance. Cost savings experienced by a high number of ADAP clients enrolled to insurance and successful competitive grant awards this year allows us to purchase a limited supply of the medication. A workgroup of the ADAP Advisory Committee considered several options, and opted to supply Harvoni as the option that could serve the most number of people. Based on expense of the medications, it is not yet possible to add any of the newer Hepatitis C medications to the ADAP formulary, but that will continue to be assessed. ADAP will be able to provide medications to approximately 40-60 clients statewide. Additional medication will be purchased as additional resources are identified. Providers will submit an application for assistance directly to Virginia ADAP. Further information will be e-mailed, and posted to the ADAP website, as the logistics for this assistance are finalized.

- The ADAP model is changing to primarily support insurance for ADAP clients. This limits our ability to liquidate large sums of funds in a short amount of time, as we were able to do when purchasing large quantities of HIV medications. Currently, over half of the ADAP clients are insured, and we anticipate almost three quarters of ADAP clients being insured by the time the Affordable Care Act (ACA) open enrollment ends. Supporting insurance for clients requires planning on an annual basis, and requires spending over time to support premiums and medication copayments to avoid any disruption to the coverage or medication

access. We cannot pay for medication copayments in advance, and are limited in the amount of premiums we can pay in advance. Virginia ADAP is in need of continuing support by Part A to ensure ADAP continues to meet need and that services are provided without interruption. I ask that Part A consider ADAP need (specifically, funds for premiums and medication copayments) during the annual Priority Setting and Resource Allocation (**PSRA**) process, and allocate funds at the *beginning* of the grant year. This would allow Part B to support HIV services without substantial reductions, and contribute to avoiding any capped ADAP services. Without Part A contributions, we will continue to direct Part B funds to ADAP as the first priority, and then consider allocation to HIV services as resources allow. I hope that at this point, Part A has begun to see substantial cost savings to the provision of medical care and non-ADAP medications as a result of ADAP insuring a large number of Ryan White clients.

- Sandy Peterson, the VDH HIV Care Services Business Manager, announced that the Division of Disease Prevention is considering requiring all invoices to be labeled with a unique invoice number to better assist with tracking payments. More details will be available soon and communicated through contract monitors.

Thank you to everyone for attending the QMAC yesterday.

*Q: As services expand will Technical Assistance from HRSA be available about growing strategically with a larger budget and how to plan for growth.*

A: The issue of planning and spending in the changing health care environment impacted by the ACA has been a commonly shared issue among all Ryan White Parts. While each Ryan White Grantee is encouraged to ask about technical assistance through their Project Officers, a “Cross Parts” discussion among all Virginia Ryan White Grantees is a good idea, and VDH is willing to consider how to coordinate that.

**Quality Management Update – Safere Diawara**

The Ryan White Part B 2015 Quality Management (QM) plan will include an ADAP section added. The Plan will be completed and posted on VDH website when approved.

Requirements for Part B are listed on the handout from the Quality Management Advisory Committee (QMAC) (see attached).

The checklist in the QM plan is comprehensive and the elements of the QM Plan include: a quality statement; program needs; and infrastructure to meet QM activities. The QM Plan also includes:

a. **Quality Statement** (Brief purpose describing the end goal of the HIV quality program);

b. **Quality Infrastructure** (Leadership, quality committees, roles and responsibilities, and resources);
c. **Performance Measurement** (Identifies indicators, who is accountable, how to report and disseminate, and process in place to use data to develop QI activities);
d. **Annual Quality Goals** (Select only a few measurable and realistic goals annually and establish thresholds at the beginning of the year for each goal);
e. **Participation of Stakeholders** (Lists internal and external stakeholders and specify their engagement in the QM program, include community representatives and partners, and specifies how feedback is gathered from key stakeholders); and
f. **Evaluation** (Evaluates the effectiveness of the QM/QI infrastructure to decide whether to improve how quality improvement work gets done and review PMs).

A QM activity reporting is a contractual requirement and includes the submission of a 2015 QM plan and a selected Quality Improvement Project (QIP) (e.g. HIV/AIDS medication treatment and adherence).

Each contractor is required to enter or import services data on timely manner into RW approved databases.

Make sure to address the Crossparts QMAC deadlines and look at due dates for Quality improvement quarterly reporting.

The Peer Review process is underway and the 2015 list will be released soon with some revised QM measures.

The next QM summit is slated for August 11, 2015 and will include trainings, collaborative improvements for Ryan White Crossparts in addition to other QM opportunities.

Trainings and education for consumers, provider and funded agencies will provided by VCU AETC supported by RW funding. Education materials have been distributed and several webinars will held in March 2015.

Upcoming webinars from the AETC:

- 3/6/2015 HIV Update by Dr. Lavoie
- 3/13/2015 RW, HAB Oral Health Measures and Treatment Plans, Drs. Lavoie and Sawacki
- 3/20/2015 HIV and Oral Health, Dr. Meeks
- 3/27/2015 Dental Blood Borne Pathogens, Christine Winsome, BSN
- Two more webinars TBD regarding How to review dental treatment plans in order to assure efficient use of RW funds.

University of Maryland will visit sites that wish to have onsite presecptor ship in the last 2 weeks of March.

In May of 2015 there will be a consumer training and a basic training on QM improvement.

Brochures in both English and Spanish will be sent to all RW clinics if they have not already been received.

**VCU Spotlight - Lydia Klinger**

A Brief presentation was given by the VCU HIV/AIDS Center to illustrate and overview of their services. The presentation was based on a fictional case study of a client and the client's linkages to care and services through VCU HIV/AIDS Center. The following topics were covered:

- Ryan White Part B
- How do we pay for care?
- SPNS LINC
- Ryan White Part C
- SPNS Mental Health
- Prevention 4 Positives: CRCS Intervention
- Insurance and Medication Access
- Peer Review
- Data & Quality Management

**Data Update – Jean Cadet**

Jean Cadet presented the regional distribution and HIV risk categories of all AIDS Drug Assistance Program (ADAP) clients enrolled as of December 2014 and the monthly numbers for those who received a medication/copayment charged to ADAP from January 2012 through December 2014. In addition, he also shared data on those served by Ryan White Part B from April through December 2014, including their geographic, race and gender distributions. The information was presented utilizing maps and charts.

**Misty Johnson – Care coordination**

Care Coordination (CC) is currently expanding the program through partnerships with Virginia Local and Regional Jails (VLRJ's). Jails have been difficult in the past because of high turnovers among staff and a disconnect in communication between the releasing department and the medical department; however CC has made a contact with a staffing agency called Correct Care Solutions (CCS) that has provided contacts at 9 jails stated wide. In addition, CC has made relationships with jails outside of CCS allowing the program to expand to 11 jails in total. CC has had meetings with representation from the following 8 jails: Virginia Sheriff's department, Hampton Regional Jail, Virginia Peninsula Regional jail, Loudoun Adult Detention Center,

Alexandria Adult Detention Center, Roanoke City Jail, Western Virginia Jail and Henrico Jail.

CC has two pending meetings this month with Riverside Jail and Richmond city jail. CHARLI will assist with prerelease paperwork for the Care Coordination program and will then provide case management to the clients after release. CHARLI and CC are two separate programs that benefit each other and work very well together. In addition to CHARLI, CC also can rely on Patient Navigators (PN) and Disease Intervention Specialists (DIS) to help keep clients in care after release. There are some areas of Virginia that solely depend on Care Coordination for case management as there are not as many resources available.

Care Coordination continues to succeed in facilitating medication access, monitoring medical appointments, and providing statewide linkage to recently released PLWHA. The success of these services is the result of a collaborative effort based on well-established relationships among the DOC's medical teams, participating VRLJ's, CHARLIE contractors, Patient Navigators (PN's), Local Health Department (LHD) ADAP coordinators, ADAP program technicians, case managers, and other statewide community partners.

**ACA/ADAP Update – Lenore Lombardi &Carrie Rhodes**

**Enrollment Update as of 2/10/2015**
Total: 5,449
Direct ADAP: 1,693
MPAP: 468
ICAP: 452

**Clients Enrolled for 2015 ACA as of 2/9/2015**
HIMAP: 2,949 Newly enrolled: 661 Re-enrolled: 1,414 Auto Re-enrolled: 874

We are in the last week of open enrollment (Open Enrollment period: November 15, 2014-February 15, 2015). Virginia ADAP took additional steps this year to ensure a smoother open enrollment period. Obtained information available from Bureau of Insurance, increased staff numbers so that ADAP staff could focus on assisting with insurance enrollment, continued to send out the weekly stakeholder letters, held the weekly Certified Application Counselor (CAC) calls, and again reached out to enrollment sites to assist with ADAP client enrollment.

**Tax Credit Update**

- Clients are beginning to receive letters from the Health Insurance Marketplace containing important tax information.
- Any client who was enrolled in a Marketplace plan in 2014 will receive this letter which also includes Form 1095-A, but only clients that received tax credits in 2014 will need to use this form when filing taxes.
- Please advise clients to keep these documents. <u>They should not discard them.</u>

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**Formulary Additions**

- VA ADAP is looking into adding smoking cessation medications and nicotine replacement medications to the formulary.

**HCV/HIV Treatment Assistance Program**

- Beginning on April 1, 2015, VDH will be implementing a treatment assistance program for co-infected ADAP clients and will be offering Harvoni for a 12 week course

**Prevention Updates -Bruce Taylor**

- The prevention update outlined the racial disparities among MSM in new HIV infections through the state of Virginia.
- Information about the PrEP workgroup was presented. The PrEP workgroup consists of VDH staff from the Division of Disease Prevention and HIV Care Services who are working together to collect information about where PrEP is offered, coordinate services and educate clinicians and clients about PrEP.
- Sexual Assault and HIV roundtable discussion including nPEP:
    - *Prophylaxis* is a medical intervention designed to prevent disease. Also known as *post-exposure prophylaxis* for HIV and is a medical intervention designed to prevent HIV infection after exposure to the virus. Prophylaxis for HIV is only available with a prescription. nPEP is strongly recommended for anyone who has had unprotected receptive vaginal or anal intercourse or who has shared an IV needle with an HIV-infected partner or with a partner whose HIV status is unknown nPEP is a medical intervention that involves taking medication, usually twice a day, for 28 days. nPEP patients should expect laboratory tests and follow-up visits at 2 weeks, 4-6 weeks, 12 weeks, and 24 weeks post-exposure.

**PreP – Bruce Taylor**

An overview on Pre-Exposure Prophalaxis, PrEP, which is a biomedical prevention strategy to reduce new HIV infections. The overview consisted of information on PrEP medications, guidelines for prescribing the drugs, research conducted on PrEP's efficacy, and stigma and other social issues pertaining to its use. VDH-DDP has formed a workgroup to help provide education to the public and to care providers about PrEP. HIV Prevention is currently in the process of identifying care providers currently prescribing PrEP as well, in order to form a provider's referral listing to be distributed to individuals interested in being prescribed PrEP.

Handout: CDC Pre-exposure Prophylaxis (PrEP) for HIV Exposure

**Partner Testing in the Clinical Setting- Heather Bronson**

Heather Bronson, Contract Monitor, HIV Prevention Services discussed the status of partner testing in ID clinics throughout Virginia. Ms. Bronson shared resources available and procedural considerations for partners of PLWHA. Home

Testing Kits may be used in conjunction with or as a replacement for OraQuick kits in clinic settings that offer less than 40 tests a year. Please contact Heather for further details. For more information contact Heather Bronson, VDH Community HIV Testing Coordinator, 804-862-8040 and email heather.bronson@vdh.virginia.gov